

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED
JAN 31 2011

Secretary of State
Capitol Office
DATE STAMP

Name of Candidate Alice V. Harden
Address P.O. Box 20088 Jackson, MS 39289
Telephone 601-9223426 Fax 601-359-2166
Contact Name Alice V. Harden Email _____
Office Sought Senator District 28 Political Party Democratic

☐ Check here if above is different from previous report

TYPE OF REPORT

____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and
Political Committees

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$5040 ⁰⁰ +\$ 0	\$ 5040 ⁰⁰	\$ 5040 ⁰⁰
Total amount of disbursements	\$2649 ⁰⁰ +\$ 0	\$ 2649 ⁰⁰	\$ 2649 ⁰⁰
Total amount of cash on hand		\$ 3521.92	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Alice V. Harden
Signature of Candidate

1-31-2011
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Alice V. Harden
 Reporting period January 1, 2010 through Dec. 31, 2010

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ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Retail Association of Mississippi</u>		<u>6/2/10</u>	\$ <u>200.00</u>
Mailing Address <u>4785 I-55 N., STE. 103</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Jackson, MS 39206</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Power Company State PAC</u>		<u>6/3/10</u>	\$ <u>400.00</u>
Mailing Address <u>P.O. Box 4079</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Gulfport, MS 39502</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Suzanne Sharpe</u>		<u>6/3/10</u>	\$ <u>200.00</u>
Mailing Address <u>4621 Trawick Drive</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Jackson, MS 39211</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Catherine H. Johnson</u>		<u>6/7/10</u>	\$ <u>590.00</u>
Mailing Address <u>2942 Angela Circle</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Jackson, MS 39209</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Alice V. Harden Page of
 Reporting period Jan. 1, 2010 through Dec. 31, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ENPAC Mississippi</u>	<u>6/8/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1640</u>	<u> 1 1 </u>	\$
City, State, Zip Code <u>Jackson, MS 39215-1640</u>	<u> 1 1 </u>	\$
Name of Employer (Required)	<u> 1 1 </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AstraZeneca Pharmaceuticals LP</u>	<u>6/9/10</u>	\$ <u>400.00</u>
Mailing Address <u>7516 Jeannette Street</u>	<u> 1 1 </u>	\$
City, State, Zip Code <u>New Orleans, LA 70118</u>	<u> 1 1 </u>	\$
Name of Employer (Required)	<u> 1 1 </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Sage Advice, Inc</u>	<u>7/7/10</u>	\$ <u>200.00</u>
Mailing Address <u>4785 I-55 North, Suite 103</u>	<u> 1 1 </u>	\$
City, State, Zip Code <u>Jackson, MS 39206</u>	<u> 1 1 </u>	\$
Name of Employer (Required)	<u> 1 1 </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Comcast Corporation - One Comcast</u>	<u>7/10/10</u>	\$ <u>250.00</u>
Mailing Address <u>1701 JFK Boulevard</u> Center	<u> 1 1 </u>	\$
City, State, Zip Code <u>Philadelphia, PA 19103-2838</u>	<u> 1 1 </u>	\$
Name of Employer (Required)	<u> 1 1 </u>	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Alice V. Harden
 Reporting period Jan. 1, 2010 through Dec. 31, 2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>The Best In Mississippi, Inc.</u>		<u>7/14/10</u>	<u>\$ 200.00</u>
Mailing Address <u>P.O. Box 16212</u>		<u>___/___/___</u>	<u>\$</u>
City, State, Zip Code <u>Jackson, MS 39236</u>		<u>___/___/___</u>	<u>\$</u>
Name of Employer (Required)		<u>___/___/___</u>	<u>\$</u>
Occupation (Required)		Aggregate year-to-date	<u>\$</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&T Mississippi PAC</u>		<u>8/6/10</u>	<u>\$ 400.00</u>
Mailing Address <u>175 E. Capital St., Landmark Center</u>		<u>___/___/___</u>	<u>\$</u>
City, State, Zip Code <u>Jackson, MS 39201</u> <u>Room 703</u>		<u>___/___/___</u>	<u>\$</u>
Name of Employer (Required)		<u>___/___/___</u>	<u>\$</u>
Occupation (Required)		Aggregate year-to-date	<u>\$</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAE - PAC Ken Jones</u>		<u>8/27/10</u>	<u>\$ 500.00</u>
Mailing Address <u>P.O. Box 16942</u>		<u>___/___/___</u>	<u>\$</u>
City, State, Zip Code <u>Jackson, MS 39236</u>		<u>___/___/___</u>	<u>\$</u>
Name of Employer (Required)		<u>___/___/___</u>	<u>\$</u>
Occupation (Required)		Aggregate year-to-date	<u>\$</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Advance America</u>		<u>8/30/10</u>	<u>\$ 500.00</u>
Mailing Address <u>135 N. Church Street</u>		<u>___/___/___</u>	<u>\$</u>
City, State, Zip Code <u>Spartanburg, SC 29306</u>		<u>___/___/___</u>	<u>\$</u>
Name of Employer (Required)		<u>___/___/___</u>	<u>\$</u>
Occupation (Required)		Aggregate year-to-date	<u>\$</u>

Name of Candidate or Committee Alice V. Harden
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ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Altria Client Services, Inc.</u>		<u>10/7/10</u>	<u>\$ 500.00</u>
Mailing Address <u>333 N. Point Center E</u>		<u>___/___/___</u>	<u>\$</u>
City, State, Zip Code <u>Alpharetta, GA 30022</u>		<u>___/___/___</u>	<u>\$</u>
Name of Employer (Required)		<u>___/___/___</u>	<u>\$</u>
Occupation (Required)		Aggregate year-to-date	<u>\$</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Watkins Partners</u>		<u>8/10/10</u>	<u>\$ 200.00</u>
Mailing Address <u>300 W. Capitol Street Suite 200</u>		<u>___/___/___</u>	<u>\$</u>
City, State, Zip Code <u>Jackson, MS 39203</u>		<u>___/___/___</u>	<u>\$</u>
Name of Employer (Required)		<u>___/___/___</u>	<u>\$</u>
Occupation (Required)		Aggregate year-to-date	<u>\$</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>___/___/___</u>	<u>\$</u>
Mailing Address		<u>___/___/___</u>	<u>\$</u>
City, State, Zip Code		<u>___/___/___</u>	<u>\$</u>
Name of Employer (Required)		<u>___/___/___</u>	<u>\$</u>
Occupation (Required)		Aggregate year-to-date	<u>\$</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>___/___/___</u>	<u>\$</u>
Mailing Address		<u>___/___/___</u>	<u>\$</u>
City, State, Zip Code		<u>___/___/___</u>	<u>\$</u>
Name of Employer (Required)		<u>___/___/___</u>	<u>\$</u>
Occupation (Required)		Aggregate year-to-date	<u>\$</u>

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ITEMIZED DISBURSEMENTS

A. Full name <u>Sonny's Bar-b-que</u>	Date (Mo., Day, Year) <u>4/17/10</u>	Amount of each disbursement this period \$ <u>598.00</u>
Mailing Address <u>2603 Hwy 80 West</u>		\$
City, State, Zip Code <u>Jackson, MS 39204</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name <u>American Express</u>	Date (Mo., Day, Year) <u>5/15/10</u>	Amount of each disbursement this period \$ <u>2,051.00</u>
Mailing Address <u>P.O. Box 650448</u>		\$
City, State, Zip Code <u>Dallas, TX 75265-0448</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$